

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

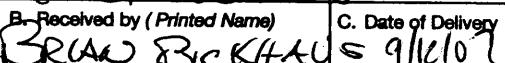
1. Article Addressed to:

REGIONS BANK
3201 Ross Clark Circle
Dothan, AL 36301

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

 Agent
 Addressee

B. Received by (Printed Name)

 C. Date of Delivery
R. BICKELHAU 9/16/07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

OTCV 798

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 4407 3695

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540